

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date																		
1. SGMJ-S																				
2. [REDACTED]																				
3. [REDACTED]																				
4. [REDACTED]																				
5. <table border="1"><tr><td>Action</td><td><input checked="" type="checkbox"/> File</td><td>Note and Return</td></tr><tr><td>Approval</td><td>For Clearance</td><td>Per Conversation</td></tr><tr><td>As Requested</td><td>For Correction</td><td>Prepare Reply</td></tr><tr><td>Circulate</td><td>For Your Information</td><td>See Me</td></tr><tr><td>Comment</td><td>Investigate</td><td>Signature</td></tr><tr><td>Coordination</td><td>Justify</td><td></td></tr></table>	Action	<input checked="" type="checkbox"/> File	Note and Return	Approval	For Clearance	Per Conversation	As Requested	For Correction	Prepare Reply	Circulate	For Your Information	See Me	Comment	Investigate	Signature	Coordination	Justify			
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REMARKS

~~NOTE~~ Use this form as a RECORD of approvals, concurrences, disposals, clearances and similar actions

- 2B

Room No.—Bldg. DIA/C
F2-800

Phone No.

373-8388

Approved

ROUTING AND TRANSMITTAL SLIP
OPTIONAL FORM 49 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206